

| CAP MISHAP INVESTIGATION FORM <i>(See CAPR 62-2)</i> | | | |
|---|-------------------------------|------------------------------|--|
| DATE OF MISHAP: | TIME OF MISHAP: | PLACE OF MISHAP: | |
| CAP INDIVIDUAL OR PROPERTY INVOLVED | | | |
| NAME, A/C N-NUMBER OR VEHICLE IDENTIFICATION NUMBER: | | YEAR, MAKE, MODEL: | |
| DESCRIBE INJURY OR PROPERTY DAMAGE: | | COST OF TREATMENT OR REPAIR: | |
| INVESTIGATION. <i>Attach copies of investigating board/officer's reports. Report should include background, training, experience, supervision, circumstances of the mishap, damage/injury, cost, cause, factors, and recommended corrective action. Photographs or sketches should be attached as applicable.</i> | | | |
| CONCLUSION OF INVESTIGATION | | | |
| PROBABLE CAUSE OF MISHAP: <i>(Pilot error, inadequate supervision, material, etc., and supporting facts).</i> | | | |
| | | | |
| RECOMMENDED CORRECTIVE ACTION: <i>(Include pecuniary liability recommendations if negligence is involved. See CAPR 62-2).</i> | | | |
| | | | |
| AIRCRAFT INFORMATION <i>(Complete the following information for CAP aircraft involved in accidents or incidents).</i> | | | |
| TOTAL TIME AIRFRAME: | DATE OF ANNUAL INSP: | TIME FLOWN LAST 12 MOS: | TIME SINCE LAST 100-HOUR INSPECTION: |
| TOTAL TIME ENGINE: | TIME SINCE LAST MAJOR O'HAUL: | TIME SINCE TOP O'HAUL: | LIST ANY RECENT MAINTENANCE: |
| IF MISHAP WAS DUE TO MATERIAL FAILURE, COMPLETE THE FOLLOWING INFORMATION: | | | |
| NOMENCLATURE OF FAILED PART: | MANUFACTURER PART NUMBER: | ESTIMATED OPERATING TIME: | CAUSE OF FAILURE: <i>(Excessive wear, corrosion, etc.)</i> |
| NOTE: ATTACH PHOTOGRAPH OF DAMAGED MATERIAL(S) | | | |
| IS FAILED PART AVAILABLE FOR INSPECTION? <input type="checkbox"/> Yes <i>(If Yes, list name and telephone number of CAP contact.)</i> <input type="checkbox"/> No | | | |
| CAP Contact: | | Phone Number: | |
| GRADE, NAME, AND PHONE NUMBER: | | SIGNATURE: | DATE: |
| | | | |

ENDORSEMENTS

TO:

DATE:

COMMENTS ON INVESTIGATOR'S FINDINGS, CAUSES, AND RECOMMENDATIONS:

ACTION:

Member has been assessed \$
If not, explain why:

Pecuniary liability (in accordance with CAPR 62-2).

CORRECTIVE ACTION:

SIGNATURE AND GRADE OF WING COMMANDER:

UNIT:

TO: NATIONAL HEADQUARTERS CAP/DOR

DATE:

COMMENT ON PRECEDING ENDORSEMENTS:

SIGNATURE AND GRADE OF REGION COMMANDER:

UNIT: